Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Wispington House

41 Mill Lane, Saxilby, Lincoln, LN1 2QD

Tel: 01522703012

Date of Inspection: 06 November 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs T W Brock
Registered Manager	Mrs. Heather Brock
Overview of the service	Wispington House is located in the village of Saxilby, which is near to the city of Lincoln. The service can provide care for up to twenty six people, both male and female. The home tends to specialise in providing care for older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with five people who used the service and two visitors and asked them for their views. We also spoke with one care worker, two assistant care managers, the general manager, the registered manager and the provider. We also looked at some of the records held in the service including the care files for five people. We observed the support people who used the service received from staff and carried out a brief tour of the building.

We found people gave consent to their care and received care and support that met their needs. A person who used the service told us they decided their own morning routine. Another person said, "They do everything I need, they even keep my hearing aid working for me."

We found people who used the service were kept safe and protected from harm. Staff knew how to respond to any allegation of abuse. We asked a person if they felt safe in the home and they replied, "Absolutely. The staff make sure I am. Everyone from the cleaners up to the manager treat me very well."

We found there were sufficient staff to meet people's needs and the provider maintained records that were accurate and fit for purpose. A person who used the service told us they thought there were enough staff around when they needed something.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider is now aware of how to act in accordance with legal requirements.

Reasons for our judgement

We found the provider had effective systems to involve people in planning their care, and obtaining people's consent for this to be provided. Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes.

We looked at the care files for five people and saw these people had signed their care plans to show they were in agreement with these. A person who used the service told us, "I think I went through them (my care plans) and signed them."

We saw it was recorded in one person's care file, "The outcome of this care plan is for NAME to make her own life choices in a happy and safe environment free from harassment and discrimination with the help and support from staff at Wispington House."

We saw people had also signed consent forms for their medication to be administered and for their photographs to be used. An assistant care manager said people gave consent for their care.

We found staff responded appropriately when people had the capacity to make decisions about their care and welfare. A person who used the service told us they decided their own morning routine. They said, "I get myself up, staff help me to dress, they ask me what I want to wear. I like to have breakfast in my room watching the news before I come down."

A staff member told us they sought people's consent where they could. They gave examples of when the person had any medication or where staff accessed their finances to pay for anything they requested. The staff member told us, "You should always ask them (people who used the service) for their consent for all decisions, including all the little things."

One person who sat in the lounge to eat their lunch told us, "I prefer to have my lunch here." We saw the person said they did not want the dinner provided. The manager asked the person what they would like and this was brought to them.

Staff were effective at communicating with people and showed a caring manner. We saw staff speaking sensitively to people and asked them for their wishes over such things as where would they like to sit and whether they were warm enough. A person who used the service told us, "They (staff) encourage me to dress myself, I did this morning."

A staff member told us, "I always talk to people as I am helping them. I tell them what I am going to do and why, it helps them understand. I respect anyone who says no or indicates they do not want me to do something."

We found the provider protected the rights of people who did not have the capacity to consent, but did not fully act in accordance with the legal requirements of the Mental Capacity Act (2005). This is legislation used to protect people who might not be able to make informed decisions on their own about the care they receive.

We saw there was a mental capacity assessment in some people's care files that assessed whether the person had the capacity to make decisions. There was an entry in one person's care plan that stated the person's mental health had deteriorated recently so a mental capacity assessment had been completed.

The provider may find it useful to note the mental capacity assessments had not been completed as they were intended. Staff assessed whether the person had capacity to make decisions rather than assess their capacity for each specific decision. This meant a person could be assessed as not having capacity for a decision they were able to make.

We had a discussion with the manager and an assistant care manager about the mental capacity assessments and they said they had misunderstood how these were meant to be completed. The manager and the assistant care manager said they now understood the process they were meant to follow and would complete individual capacity assessments to assess whether people had the capacity to make specific decisions.

The assistant care managers we spoke with told us they had completed the provider's training on the Mental Capacity Act (2005). One staff member told us they had not done so. The manager told us this staff member was quite new in post so had not yet had that training, but they would be in due course.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

Care plans mostly described how staff should respond to people's identified needs. We found people's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at a sample of five people's care files. These contained clear and easy to follow person centred care plans which described people's needs and how these should be met.

There were risk assessments in people's care files which described what the risk was and the actions that needed to be taken to reduce the risk. We saw risk assessments and care plans were reviewed, however it was not entirely clear when these were done. We asked the manager to explain these and they showed us the risk assessments and care plans were reviewed at six weekly intervals, or sooner if a person's needs changed. The provider may find it useful to note there could be a clearer way to show when care plans and risk assessments had been reviewed.

The provider may also find it useful to note we found one person's care plan did not accurately describe the care the person wanted and received. The person was moved in a wheelchair without the use of footplates. We looked at the person's care plan which stated the person should use footplates to protect them from injury.

Staff told us the person had the capacity to decide whether or not they wished to use the footplates and their preference was not to use them. Staff said this was because they were too painful for them. An assistant care manager said, "That is not right, they never use the footplates. It hurts them to bend their legs." The assistant care manager asked the person if they wanted to use footplates and they said they did not. The manager said staff had not made them aware of this and they would amend the person's care plan.

Care and support was planned and delivered in a way that ensured people's safety and welfare. We saw there were entries in one person's care plan that showed they were at risk of pressure damage to their skin and were losing weight. There were guidelines for staff to follow to reduce the risks the person faced.

There were weight charts completed so staff could monitor people's weight. There were entries made to show where there had been any significant changes in a person's weight

and any known explanation for this.

A person who used the service told us, "They (staff) arranged for me to have some physio(therapy) as I have lost the use of my fingers." The manager told us they had arranged this with the person's family as there was a long waiting list for this treatment through their doctor. A staff member told us they accompanied people to any medical appointments they had, unless their relatives wanted to do so.

We found staff responded to people's needs. We saw an assistant care manager take a tablet from the medication trolley before lunch. They told us one person needed to have their medication before they ate their meal. We also saw a staff member help a person write a get well card for a relation when they were asked to.

We saw staff respond promptly when one person got up from their chair and appeared to be unsteady on their feet. The manager supported the person whilst a staff member gave them their walking frame.

A person who used the service told us, "I am treated 100 per cent good. I am looked after 24 hours a day." Another person said, "They look after us well." We saw people were served hot and cold drinks regularly, including a cup of tea or coffee after lunch.

Staff provided effective care. A relative told us their relation was very poorly when they first came to the home. The relative told us their relation was, "So well looked after, they have done wonders, they are so much better now."

There were diagrams in people's care files to show where people had any creams or ointments applied, or where pain relief patches had been placed. These informed staff of where they should administer the person's next treatment.

A staff member told us people were weighed regularly to monitor any changes in their weight. Where needed they involved a dietician and the speech and language therapy team (known as SALT who provide advice on nutrition and swallowing problems.)

A staff member told us they thought people received very good care and said people had told them they were happy with all the care they received. A person who used the service told us, "They do everything I need, they even keep my hearing aid working for me."

Staff told us they thought the food was very good and they responded to people's dietary needs or preferences. A person who used the service told us when they had finished their lunch, "I enjoyed my meal."

Staff said there were regular activities provided including games and quizzes. The staff member said they also did things with people individually like paint their nails. One person showed us their nails they had painted recently and joked with one of the men having their nails painted. The man said, "It was just a bit of fun."

We heard some people who used the service discussing an entertainer that was booked to come to the home later that day. People told us they were looking forward to this.

Staff were gentle and caring in their approach. A staff member told us they got an idea about people's life history through reading their care plans. This was useful as it helped them with conversations and told them about their needs. The staff member also said it

helped people to feel comfortable with them as they had taken the time to find out about them.

The manager brought in a bag of booties one of the housekeepers had knitted for people to use. People were pleased with these and spent time choosing the colour they would like. One person said, "Oh can I have some I can't get my feet warm at night." Another person told us, "I am very pleased with these."

The provider may find it useful to note we saw a delivery had just been made to the home as we arrived. This included packs of continence wear and we saw this was being sorted out and taken to people's rooms from a communal area, where people were present. We commented to staff that this was not promoting people's dignity and the general manager asked staff to do this more discreetly.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

Reasons for our judgement

Staff knew how to respond to any allegation of abuse. A staff member said they could not recall having done any training on safeguarding, but they were aware of the different types of abuse people could face. The manager told us this staff member was quite new in post so had not yet had that training, but they would be in due course. Other staff told us they had completed the safeguarding training. Staff were also aware of the provider's whistleblowing policy.

The staff member said they would report any incident they saw or heard that caused them concern to a senior member of staff. The staff member was also aware of their duty to report any concerns that had not been dealt with and knew how to contact the local authority safeguarding team. An assistant care manager said they had contacted the local authority safeguarding team when they had concerns about someone's safety.

Staff were effective in safeguarding people. The staff had worked with the local authority when one person had been found to be at risk of harm to ensure their safety. The person had needed a higher level of security than was provided at Wispington House due to their policy of not locking external doors, so people could access the grounds. The person had therefore moved to a more appropriate setting.

Another safeguarding investigation that took place had been resolved when the family worked with the staff from the home to prepare the person's care plan. An assistant care manager told us they had discussed the safeguarding concerns to see what could be learnt from this. The manager told us they had learnt the importance of making sure everything was clearly documented. The manager had also notified the local authority safeguarding team and ourselves when there had been an incident between two people who used the service.

One person told us they felt safe at the home, but said they did not get on well with another person. The manager told us how they had responded to ensure both people were safe and avoided any conflict.

We asked a person if they felt safe in the home and they replied, "Absolutely. The staff make sure I am. Everyone from the cleaners up to the manager treat me very well." A relative told us their relation could get a little worked up sometimes, but staff knew how to calm them down. The relative told us, "It really is a lovely home they are so kind."

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were sufficient staff to respond to people's health and welfare needs. The staff rotas showed there were four care staff on duty each early shift, three on the late shift and two overnight. There was also the manager and general manager on duty most days. The provider also worked at the home during the week. In addition there were kitchen, housekeeping and laundry staff.

Staff told us there were sufficient support staff employed. An assistant care manager told us the staffing levels were good at the moment and the provider would adjust these if people needs changed and more staff were needed.

A staff member told us they were able to complete their duties each day. The staff member said some days were busier than others and there were times they felt rushed. The laundry person told us they had enough time to manage people's laundry needs. A person who used the service told us they thought there were enough staff around when they needed something.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and support.

Reasons for our judgement

Effective records were kept of people's care and the management of the service. People's personal records including medical records were accurate and fit for purpose. Staff told us they kept people's records up to date. A staff member told us they had been given a general guide when they started about the information they should include when they wrote in people's records. The staff member said they felt they would benefit from some additional training on this.

The manager said there was some training for this which the staff member would not have done yet as this staff member was quite new in post, so had not yet had that training. The manager said they would arrange for the staff member to have this.

An assistant care manager told us they had been given guidance on how to complete records. They said this included that they must be accurate and legible. The assistant care manager also said, "If it isn't written down there is no proof it happened." The manager told us after a recent safeguarding investigation they had realised how important it was to keep accurate records. Another assistant care manager said they had to sign and date every record they made. A staff member said they thought more information could be written onto the contact sheets, where they wrote daily notes about how people had been each shift.

Staff training records were kept electronically. We found these were difficult to easily identify which staff had completed the training they needed and when they were due for an update. The general manager said they were going to prepare a staff training matrix so they could easily see what training staff required.

A visitor told us the person they visited had a mark on their head recently when they came to see them. We looked at the person's care file and saw this had been properly recorded when they had fallen, and an accident form had been completed.

Records were kept safe and secure, and could be located promptly when required. Staff were aware of the legislation about the safe keeping of information and said they complied with this. Staff also understood the need to respect people's confidentiality. Staff were able to produce all the records we had asked for during the inspection. The provider said they

knew the length of time they were required to keep records for and complied with this. The provider said they had sufficient space to hold archived records.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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